

OFFICE OF THE UNITED STATES TRUSTEE
CENTRAL DISTRICT OF CALIFORNIA

In Re: Vitality Health Plan of California, Inc. <div style="text-align: right;">Debtor(s).</div>	CHAPTER 11 (BUSINESS) AMENDED Case Number: <u>2:20-bk-21041-WB</u> Operating Report Number: <u>1</u> For the Month Ending: <u>31-Dec-20</u>
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I. CASH RECEIPTS AND DISBURSEMENTS
A. (GENERAL ACCOUNT*)

1. TOTAL RECEIPTS PER ALL PRIOR GENERAL ACCOUNT REPORTS	
2. LESS: TOTAL DISBURSEMENTS PER ALL PRIOR GENERAL ACCOUNT REPORTS	
3. BEGINNING BALANCE:	76,875.18
4. RECEIPTS DURING CURRENT PERIOD:	
Accounts Receivable - Post-filing	
Accounts Receivable - Pre-filing	
General Sales	
Other (Specify)	
**Other (Specify) Member Premiums	1,010.90
Claims Refunds	269.27
Deposit Refund	94,493.00
Plan 2 Plan Payments	1,050.34
TOTAL RECEIPTS THIS PERIOD:	96,823.51
5. BALANCE:	173,698.69
6. LESS: TOTAL DISBURSEMENTS DURING CURRENT PERIOD	
Transfers to Other DIP Accounts (from page 2)	0.00
Disbursements (from page 2)	148,130.73
TOTAL DISBURSEMENTS THIS PERIOD:***	148,130.73
7. ENDING BALANCE:	25,567.96
8. General Account Number(s):	695706009
Depository Name & Location:	Chase Bank
	3057 Stevens Creek Blvd, Santa Clara, CA 95050

* All receipts must be deposited into the general account.

** Include receipts from the sale of any real or personal property out of the ordinary course of business; attach an exhibit specifying what was sold, to whom, terms, and date of Court Order or Report of Sale.

***This amount should be the same as the total from page 2.

TOTAL DISBURSEMENTS THIS PERIOD:	0.00	148,130.73	\$148,130.73
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** Fill in amounts in this column if they are DISBURSEMENTS to outside payees; the "amount" column will be filled in for you.

Page 2 of 16

Bank statement Date: 12/31/2020 Balance on Statement: \$31,167.96

Plus deposits in transit (a):

<u>Deposit Date</u>	<u>Deposit Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL DEPOSITS IN TRANSIT

0.00

Less Outstanding Checks (a):

<u>Check Number</u>	<u>Check Date</u>	<u>Check Amount</u>
300832	12/29/2020	5,600.00

TOTAL OUTSTANDING CHECKS:

5,600.00

Bank statement Adjustments:

Explanation of Adjustments-

ADJUSTED BANK BALANCE:

\$25,567.96

* It is acceptable to replace this form with a similar form

** Please attach a detailed explanation of any bank statement adjustment

B. (PAYROLL ACCOUNT)

1. TOTAL RECEIPTS PER ALL PRIOR PAYROLL ACCOUNT REPORTS	<u>108,894.81</u>
2. LESS: TOTAL DISBURSEMENTS PER ALL PRIOR PAYROLL ACCOUNT REPORTS	<u>108,894.81</u>
3. BEGINNING BALANCE:	<div>0.00</div>
4. RECEIPTS DURING CURRENT PERIOD: (Transferred from General Account)	<u>108,894.81</u>
5. BALANCE:	<div>108,894.81</div>
6. LESS: TOTAL DISBURSEMENTS DURING CURRENT PERIOD TOTAL DISBURSEMENTS THIS PERIOD:***	<div></div>
7. ENDING BALANCE:	<div>0.00</div>
8. PAYROLL Account Number(s):	<u>697583372</u>
Depository Name & Location:	<u>Chase Bank</u> <u>3057 Stevens Creek Blvd, Santa Clara, CA 95050</u>

[illegible]

Bank statement Date: 12/31/2020 Balance on Statement: \$0.00

Plus deposits in transit (a):

Deposit DateDeposit Amount

TOTAL DEPOSITS IN TRANSIT

0.00

Less Outstanding Checks (a):

Check NumberCheck DateCheck Amount

TOTAL OUTSTANDING CHECKS:

0.00

Bank statement Adjustments:

Explanation of Adjustments-

ADJUSTED BANK BALANCE:

\$0.00

C. (TAX ACCOUNT)

1. TOTAL RECEIPTS PER ALL PRIOR TAX ACCOUNT REPORTS	<u>0.00</u>
2. LESS: TOTAL DISBURSEMENTS PER ALL PRIOR TAX ACCOUNT REPORTS	<u></u>
3. BEGINNING BALANCE:	<div><div></div>0</div>
4. RECEIPTS DURING CURRENT PERIOD: (Transferred from General Account)	<u></u>
5. BALANCE:	<div><div></div>0.00</div>
6. LESS: TOTAL DISBURSEMENTS DURING CURRENT PERIOD TOTAL DISBURSEMENTS THIS PERIOD:***	<div><div></div>0.00</div>
7. ENDING BALANCE:	<div><div></div>0.00</div>
8. TAX Account Number(s):	<u></u>
Depository Name & Location:	<u></u>
	<u></u>
	<u></u>

Page 8 of 16	
TOTAL DISBURSEMENTS THIS PERIOD:	0.00

Bank statement Date: 12/31/2020 Balance on Statement:

Plus deposits in transit (a):

n/a

Deposit DateDeposit Amount

0.00

TOTAL DEPOSITS IN TRANSIT

0.00

Less Outstanding Checks (a):

Check NumberCheck DateCheck Amount

TOTAL OUTSTANDING CHECKS:

0.00

Bank statement Adjustments:

Explanation of Adjustments-

ADJUSTED BANK BALANCE:

\$0.00

* It is acceptable to replace this form with a similar form

** Please attach a detailed explanation of any bank statement adjustment

	*Accounts Payable Post-Petition	Accounts Receivable	
		Pre-Petition	Post-Petition
30 days or less	306,386.00	0.00	
31 - 60 days			
61 - 90 days			
91 - 120 days			
Over 120 days			
TOTAL:	306,386.00	0.00	0.00

V. INSURANCE COVERAGE

	Name of Carrier	Amount of Coverage	Policy Expiration Date	Premium Paid Through (Date)
Commercial Blanket	Hartford	\$3,000,000	10/1/2021	10/1/2021
Commercial Blanket	Sentinel	\$3,000,000	10/1/2021	10/1/2021
Managed Care Error & Management Liability	TDC National Ass	\$3,000,000	4/1/2021	4/1/2021
Directors & Officers	TDC National Ass	\$1,000,000	4/1/2021	4/1/2021
Workers Compensation	TDC National Ass	\$5,000,000	4/1/2021	4/1/2021
Cyber Liability	State National	\$1,000,000	8/31/2021	8/31/2021
Reinsurance	Houston Casualty	\$5,000,000	4/1/2021	4/1/2021
Others: Crime	IronShore	\$1,000,000	12/31/2021	10/1/2020
	Liberty Mutual	\$2,000,000	10/1/2021	10/1/2021

VI. UNITED STATES TRUSTEE QUARTERLY FEES (TOTAL PAYMENTS)

Quarterly Period Ending (Date)	Total Disbursements	Quarterly Fees	Date Paid	Amount Paid	Quarterly Fees Still Owing
31-Dec-2020	148,131.00	975.00			975.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
		975.00		0.00	975.00

* Post-Petition Accounts Payable SHOULD NOT include professionals' fees and expenses which have been incurred but not yet awarded by the court. Post-Petition Accounts Payable SHOULD include professionals' fees and expenses authorized by Court Order but which remain unpaid as of the close of the period report

ENDING BALANCES FOR THE PERIOD:

(Provide a copy of monthly account statements for each of the below)

General Account: 25,567.96

Payroll Account: 0.00

Tax Account: 0.00

*Other Accounts: _____

*Other Monies: N/A

**Petty Cash (from below): 0.00

TOTAL CASH AVAILABLE:

25,567.96

Petty Cash Transactions:

Date	Purpose	Amount
		0.00
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL PETTY CASH TRANSACTIONS:

0.00

* Specify the Type of holding (e.g. CD, Savings Account, Investment Security), and the depository name, location & account#

** Attach Exhibit Itemizing all petty cash transactions

AND OTHER PARTIES TO EXECUTORY CONTRACTS

Creditor, Lessor, Etc.	Frequency of Payments (Mo/Qtr)	Amount of Payment	Post-Petition payments not made (Number)	Total Due
See Attached Worksheet				
TOTAL DUE:				0.00

III. TAX LIABILITIES

FOR THE REPORTING PERIOD:

Gross Sales Subject to Sales Tax:

Total Wages Paid:	108,894.81
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	Total Post-Petition Amounts Owning	Amount Delinquent	Date Delinquent Amount Due
Federal Withholding			
State Withholding			
FICA- Employer's Share			
FICA- Employee's Share			
Federal Unemployment			
Sales and Use			
Real Property			
Other: CA Disability			
TOTAL:	0.00	0.00	

II. STATUS OF PAYMENTS TO SECURED CREDITORS, LESSORS
AND OTHER PARTIES TO EXECUTORY CONTRACTS

Creditor, Lessor, Etc.	Frequency of Payments (Mo/Qtr)	Amount of Payment	Post-Petition payments not made (Number)	Total Due
Ability Network	Monthly	\$1,653.75	0	0.00
Adobe	Monthly	\$798.61	0	0.00
AllCare IPA	Monthly	\$206,707.55	0	0.00
American Logistics Company	Monthly	\$4,500.00	1	4,500.00
American Specialty Health Plans (ASH)	Monthly	\$5,530.59	0	0.00
Audiology Distribution (Hear USA)	Monthly	\$452.40	0	0.00
Beacon Health Solutions	Monthly	\$34,800.00	1	34,800.00
Broadway Warehouse, LP	Monthly	\$3,990.00	0	0.00
CareNet Healthcare Services	Monthly	\$2,570.50	0	0.00
Chamreoun Hin (Contracted Employee Accounting Staff)	Monthly	\$1,800.00	1	1,800.00
City of Cerritos - Business License	Annual	\$226.00	0	0.00
Comcast (Stockton Office Internet)	Monthly	\$580.87	0	0.00
Convey Health Solutions (OTC Catalog Vendor)	Monthly	\$11,000.00	1	11,000.00
Corporate Image Marketing (Vanity Phone Numbers)	Monthly	\$299.00	0	0.00
CQ Fluency (Translation Services)	Monthly	\$460.00	0	0.00
Crowell Moring LLP (DMHC Filings)	Monthly	\$4,621.50	1	4,621.50
David Wedemeyer - (HEDIS Reporting Vendor)	Monthly	\$7,175.00	0	0.00
Delana Mosely (Contracted Employee Enrollment Director)	Monthly	\$5,600.00	1	5,600.00
Delta Dental	Monthly	\$4,343.04	0	0.00
Dr. Tuan Nguyen (Contracted Employee Medical Director)	Monthly	\$15,000.00	1	15,000.00
Employers Resource, Payroll Vendor	Bi-Weekly	\$135,941.26	0	0.00
Employers Resource, Payroll Vendor	Bi-Weekly	\$131,852.30	0	0.00
Genesys Telecommunications Labs	Monthly	\$5,944.45	0	0.00
HealthAxis Group	Monthly	\$28,652.00	1	28,652.00
Healthy People	Monthly	\$12,250.00	0	0.00
Intuit	Monthly	\$503.95	0	0.00
Kenneth Watkins (Contracted Employee Finance Sr Director)	Monthly	\$15,000.00	1	15,000.00
LAN Doctors (Offsite Data Backup Hosting)	Monthly	\$12,000.00	0	0.00
Level 3 Communications (Bandwidth & Back Up Internet)	Monthly	\$9,672.66	0	0.00
Litvak Law Group (Litigation Representation)	Monthly	\$28,000.00	1	28,000.00
Madena	Monthly	\$4,350.00	0	0.00
Mark Andes (Contracted Employee Compliance Director)	Monthly	\$12,000.00	1	12,000.00
MedImpact Healthcare Systems (Pharmacy Usage)	Weekly	\$32,000.00	2	64,000.00
Navex Global	Quarterly	\$2,832.19	0	0.00
Oliver Wyman Actuarial Consulting	Monthly	\$7,800.00	1	7,800.00
OpenText	Monthly	\$201.48	0	0.00
Physician Partners IPA	Monthly	\$96,087.55	0	0.00
Pip Printing	Monthly	\$543.73	0	0.00
Premier Workspaces	Monthly	\$95.00	0	0.00
PremierCare of Northern California	Monthly	\$5,878.29	0	0.00
ProCare Health (UM and Credentialing Services)	Monthly	\$30,000.00	1	30,000.00
ProCare Health (Claims Payment Oversight Services)	Monthly	\$10,000.00	1	10,000.00
Purchase Power	Monthly	\$59.87	0	0.00
Right Networks	Monthly	\$107.70	0	0.00
Santa Clara County IPA	Monthly	\$29,554.21	0	0.00
Scorpion Healthcare (Website Hosting)	Monthly	\$3,000.00	0	0.00
SDL (American Disabilities Act 508 Remediation)	Monthly	\$570.00	1	570.00
Semler Scientific	Monthly	\$1,639.21	0	0.00
Seoul Medical Group	Monthly	\$8,609.79	0	0.00
Sparkletts	Monthly	\$39.00	0	0.00
SPH Analytics	Seasonal	\$9,165.00	0	0.00
Stretto	Monthly	\$2,500.00	0	0.00
Tivity Health (Member Fitness Benefit)	Monthly	\$5,000.00	1	5,000.00
Towerstream Corporation	Monthly	\$2,450.00	0	0.00
United Healthcare (Employee HMO Health Insurance)	Monthly	\$17,866.77	0	0.00
United Healthcare (Employee PPO Health Insurance)	Monthly	\$6,359.84	0	0.00
Velosio	Monthly	\$1,962.54	0	0.00
Vision Service Plan (VSP)	Monthly	\$7,671.99	0	0.00
Winthrop, Golubow and Hollander Law Firm	Monthly	\$75,000.00	1	75,000.00
TOTAL DUE:				353,343.50

Name of Insider	Date of Order Authorizing Compensation	*Authorized Gross Compensation	Gross Compensation Paid During the Month
			0.00

VIII. SCHEDULE OF OTHER AMOUNTS PAID TO INSIDERS

Name of Insider	Date of Order Authorizing Compensation	Description	Amount Paid During the Month
			0.00

* Please indicate how compensation was identified in the order (e.g. \$1,000/week, \$2,500/month)

	Current Month 12/19/2020 to 12/31/ 2020	Cumulative Post-Petition
Sales/Revenue:		
Gross Sales/Revenue	1,329,722.00	1,329,722.00
Less: Returns/Discounts		
Net Sales/Revenue	1,329,722.00	1,329,722.00
Cost of Goods Sold:		
Beginning Inventory at cost		
Purchases (Medical Costs)	1,122,684.00	1,122,684.00
Less: Ending Inventory at cost		
Cost of Goods Sold (COGS)	1,122,684.00	1,122,684.00
Gross Profit	207,038.00	207,038.00
Other Operating Income (Itemize)		
Operating Expenses:		
Payroll - Insiders		
Payroll - Other Employees	133,941.00	133,941.00
Payroll Taxes		
Other Taxes (Itemize)		
Depreciation and Amortization	11,449.00	11,449.00
Rent Expense - Real Property	19,125.00	19,125.00
Lease Expense - Personal Property		
Insurance	5,974.00	5,974.00
Real Property Taxes		
Telephone and Utilities	4,483.00	4,483.00
Repairs and Maintenance		
Travel and Entertainment (Itemize)		
Miscellaneous Operating Expenses (Itemize)		
Broker Commissions	52,657.00	52,657.00
Software Fees & Services	20,098.00	20,098.00
Dues & Subscriptions	1,216.00	1,216.00
Bank Fees	785.00	785.00
Professional Services		
Consulting Services	5,600.00	5,600.00
Outside Services	6,526.00	6,526.00
Total Operating Expenses	261,854.00	261,854.00
Net Gain/(Loss) from Operations	(54,816.00)	(54,816.00)
Non-Operating Income:		
Interest Income		
Net Gain on Sale of Assets (Itemize)		

Total Non-Operating income	0.00	0.00
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Non-Operating Expenses:

Interest Expense		
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Legal and Professional (Itemize)		
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Other (Itemize)		
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Total Non-Operating Expenses	0.00	0.00
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NET INCOME/(LOSS)	(54,816.00)	(54,816.00)
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(Attach exhibit listing all itemizations required above)

ASSETS	Current Month End	
Current Assets:		
Unrestricted Cash	25,567.96	
Restricted Cash		
Accounts Receivable		
Inventory		
Notes Receivable		
Prepaid Expenses		
Other (Itemize)		
Rebates	395,000.00	
Other Receivables	1,172,887.00	
Other Receivables	500,000.00	
Allowance for uncollectable Account	(500,000.00)	
Prepaid Expenses	394,491.00	
Vendor Reimbursement	5,119.00	
Total Current Assets		1,993,064.96
Property, Plant, and Equipment	1,822,840.00	
Accumulated Depreciation/Depletion	(745,477.00)	
Net Property, Plant, and Equipment		1,077,363.00
Other Assets (Net of Amortization):		
Due from Insiders		
Other (Itemize)		
Security Deposit	301,202.00	
Lease Deposit	335,546.00	
Other Deposits	86,019.00	
Total Other Assets	722,767.00	722,767.00
TOTAL ASSETS		3,793,194.96
LIABILITIES		
Post-petition Liabilities:		
Accounts Payable	306,386.00	
Taxes Payable		
Notes Payable		
Professional fees		
Secured Debt		
Other (Itemize)		
Deferred Income		
Deferred Rent		
Capitation Payable	451,123.00	
Part D Settlement Liability		
IBNR	520,544.00	
Accured Payroll	133,941.00	
Accrued Vacation		
Income tax Payable		

Accrued Interest-Subordinated
Note Payable Subordinated
Note Payable SBA Loan
Note Payable-VHP

Total Post-petition Liabilities

1,411,994.00

Pre-petition Liabilities:

Secured Liabilities
Priority Liabilities
Unsecured Liabilities
Other (Itemize)

32,900,657.96

Total Pre-petition Liabilities

32,900,657.96

TOTAL LIABILITIES

34,312,651.96

EQUITY:

Pre-petition Owners' Equity
Post-petition Profit/(Loss)
Direct Charges to Equity

(31,876,635.00)

(54,816.00)

TOTAL EQUITY

(31,931,451.00)

TOTAL LIABILITIES & EQUITY

3,793,194.96

- | | No | Yes |
|--|-------------|-------------|
| 1. Has the debtor-in-possession made any payments on its pre-petition unsecured debt, except as have been authorized by the court? If "Yes", explain below: | _____ | _____x_____ |
| <p>The debtor inadvertently paid \$5,119 to Crowell Moring. As soon as the Debtor became aware of this payment, the Debtor promptly requested a refund from Crowell, who agreed to return the money.</p> | | |
| 2. Has the debtor-in-possession during this reporting period provided compensation or remuneration to any officers, directors, principals, or other insiders without appropriate authorization? If "Yes", explain below: | _____x_____ | _____ |
| <hr/> | | |
| 3. State what progress was made during the reporting period toward filing a plan of reorganization | | |
| <p>The debtor has retained the services of Wilshire Pacific Capital Advisors to conduct outreach to healthcare investment community for an acquisition or capital raise. Wilshire Pacific Advisors has experience in brokering acquisition transactions for Medicare Advantage health plans in California, most notably a transaction of a regional health plan by Humana.</p> | | |
| 4. Describe potential future developments which may have a significant impact on the case: | | |
| <p>There are two notable future developments that may have a large impact on the debtor's case.</p> <p>1. The State of Department of Managed Health Care (DMHC), which regulates the Debtor, had previously set an administrative hearing for April 26, 2021, to determine if it would revoke the Debtor's license to operate based on certain issues with the Debtor's financial condition. The Debtor believes that this hearing is stayed pursuant to Section 362, and is also prohibited from proceeding based on Section 525 of the Bankruptcy Code. The Debtor believes that this Chapter 11 proceeding will resolve all issues asserted by the DMHC.</p> <p>2. The debtor is the plaintiff in litigation against MacArthur Court Acquisition Corporation (MCAC) and asserts that MCAC defrauded the debtor in the amount of \$10 million. The debtor is seeking damages in an amount not less than \$10 million, plus additional damages from lost revenue going forward.</p> | | |
| 5. Attach copies of all Orders granting relief from the automatic stay that were entered during the reporting period. | | |
| 6. Did you receive any exempt income this month, which is not set forth in the operating report? If "Yes", please set forth the amounts and sources of the income below. | _____X_____ | _____ |



-
- I, Brian Barry, President,
declare under penalty of perjury that I have fully read and understood the foregoing debtor-in-possession operating report and that the information contained herein is true and complete to the best of my knowledge.



JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

December 01, 2020 through December 31, 2020

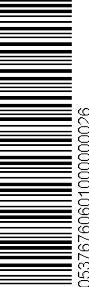
Primary Account: [REDACTED] 3006

CUSTOMER SERVICE INFORMATION

Web site: www.Chase.com
Service Center: 1-877-425-8100
Deaf and Hard of Hearing: 1-800-242-7383
Para Espanol: 1-888-622-4273
International Calls: 1-713-262-1679

00537676 DRE 703 210 00121 NNNNNNNNNN 1 000000000 80 0000

VITALITY HEALTH PLAN OF CALIFORNIA, INC.
18000 STUDEBAKER RD STE 960
CERRITOS CA 90703-2703



CONSOLIDATED BALANCE SUMMARY

ASSETS

Checking & Savings

	ACCOUNT	BEGINNING BALANCE THIS PERIOD	ENDING BALANCE THIS PERIOD
Chase Analysis Business Checking	[REDACTED] 3006	\$87,930.54	\$30,233.46
Chase Analysis Business Checking	[REDACTED] 5555	0.00	100.00
Chase Analysis Business Checking	[REDACTED] 6223	0.00	834.50
Total		\$87,930.54	\$31,167.96
TOTAL ASSETS		\$87,930.54	\$31,167.96

CHASE ANALYSIS BUSINESS CHECKING

VITALITY HEALTH PLAN OF CALIFORNIA, INC.

Account Number: [REDACTED] 3006

CHECKING SUMMARY

	INSTANCES	AMOUNT
Beginning Balance		\$87,930.54
Deposits and Additions	64	1,533,397.94
Checks Paid	61	-390,225.52
Electronic Withdrawals	15	-956,521.98
Other Withdrawals	7	-243,535.47
Fees	1	-812.05
Ending Balance	148	\$30,233.46



December 01, 2020 through December 31, 2020

Primary Account: 3006

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
12/01	Cash Concentration Transfer Credit From Account [REDACTED] 6223 Trn: 0000660710Xf	\$1,085,175.83
12/01	Orig CO Name:P1135 Johnson & Orig ID:1571062326 Desc Date:120120 CO Entry Descr:Cgdp Sec:CCD Trace#:041000123862488 Eed:201201 Ind ID:L9Rv Ind Name:Vitality Health Plan O Cg20031135H1426 877-534-2772 Trn: 3363862488Tc	23,871.63
12/02	Cash Concentration Transfer Credit From Account [REDACTED] 6223 Trn: 0000800710Xf	172.60
12/02	Deposit 1956845744	1,581.61
12/02	Orig CO Name:P1166 Takeda PHA Orig ID:1571062326 Desc Date:120220 CO Entry Descr:Cgdp Sec:CCD Trace#:041000121738473 Eed:201202 Ind ID:68Sv Ind Name:Vitality Health Plan O Cg20031166H1426 877-534-2772 Trn: 3371738473Tc	1,379.99
12/02	Orig CO Name:P1097 Zydus Phar Orig ID:1571062326 Desc Date:120220 CO Entry Descr:Cgdp Sec:CCD Trace#:041000121738476 Eed:201202 Ind ID:88Tv Ind Name:Vitality Health Plan O Cg20031097H1426 877-534-2772 Trn: 3371738476Tc	8.61
12/03	Cash Concentration Transfer Credit From Account [REDACTED] 6223 Trn: 0000900710Xf	58.20
12/03	Orig CO Name:P1324 Corcept th Orig ID:1571062326 Desc Date:120320 CO Entry Descr:Cgdp Sec:CCD Trace#:041000129560068 Eed:201203 Ind ID:16Vv Ind Name:Vitality Health Plan O Cg20031324H1426 877-534-2772 Trn: 3389560068Tc	2,772.28
12/04	Cash Concentration Transfer Credit From Account [REDACTED] 6223 Trn: 0000780710Xf	36.50
12/07	Cash Concentration Transfer Credit From Account [REDACTED] 6223 Trn: 0000680710Xf	151.00
12/07	Deposit 1116488375	248.39
12/07	Orig CO Name:P1080 Kowa Pharm Orig ID:1571062326 Desc Date:120720 CO Entry Descr:Cgdp Sec:CCD Trace#:041000126844801 Eed:201207 Ind ID:2Qvv Ind Name:Vitality Health Plan O Cg20031080H1426 877-534-2772 Trn: 3426844801Tc	602.33
12/07	Orig CO Name:P1245 Johnson & Orig ID:1571062326 Desc Date:120720 CO Entry Descr:Cgdp Sec:CCD Trace#:041000126844804 Eed:201207 Ind ID:Q4WV Ind Name:Vitality Health Plan O Cg20031245H1426 877-534-2772 Trn: 3426844804Tc	52.69
12/08	Cash Concentration Transfer Credit From Account [REDACTED] 6223 Trn: 0000780710Xf	21.60
12/08	Orig CO Name:P1008 Novartis P Orig ID:1571062326 Desc Date:120820 CO Entry Descr:Cgdp Sec:CCD Trace#:041000127514496 Eed:201208 Ind ID:Txxv Ind Name:Vitality Health Plan O Cg20031008H1426 877-534-2772 Trn: 3437514496Tc	12,020.55
12/08	Orig CO Name:P1242 West-Ward Orig ID:1571062326 Desc Date:120820 CO Entry Descr:Cgdp Sec:CCD Trace#:041000127514499 Eed:201208 Ind ID:Fgyv Ind Name:Vitality Health Plan O Cg20031242H1426 877-534-2772 Trn: 3437514499Tc	4.20
12/09	Orig CO Name:P1006 Teva Pharm Orig ID:1571062326 Desc Date:120920 CO Entry Descr:Cgdp Sec:CCD Trace#:041000124802992 Eed:201209 Ind ID:Q2Zv Ind Name:Vitality Health Plan O Cg20031006H1426 877-534-2772 Trn: 3444802992Tc	14.46
12/10	Orig CO Name:P1004 Merck Shar Orig ID:1571062326 Desc Date:121020 CO Entry Descr:Cgdp Sec:CCD Trace#:041000121589683 Eed:201210 Ind ID:Wm2W Ind Name:Vitality Health Plan O Cg20031004H1426 877-534-2772 Trn: 3451589683Tc	22,699.66
12/10	Orig CO Name:P1112 Gilead Sci Orig ID:1571062326 Desc Date:121020 CO Entry Descr:Cgdp Sec:CCD Trace#:041000121589689 Eed:201210 Ind ID:9F3W Ind Name:Vitality Health Plan O Cg20031112H1426 877-534-2772 Trn: 3451589689Tc	22,575.84
12/10	Orig CO Name:P1126 Allergan U Orig ID:1571062326 Desc Date:121020 CO Entry Descr:Cgdp Sec:CCD Trace#:041000121589695 Eed:201210 Ind ID:5P4W Ind Name:Vitality Health Plan O Cg20031126H1426 877-534-2772 Trn: 3451589695Tc	5,243.52

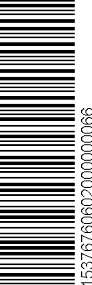


December 01, 2020 through December 31, 2020

Primary Account: [REDACTED] 3006

DEPOSITS AND ADDITIONS (continued)

DATE	DESCRIPTION	AMOUNT
12/10	Orig CO Name:P1003 Abbvie, IN Orig ID:1571062326 Desc Date:121020 CO Entry Descr:Cgdp Sec:CCD Trace#:041000121589677 Eed:201210 Ind ID:4J1W Ind Name:Vitality Health Plan O Cg20031003H1426 877-534-2772 Trn: 3451589677Tc	4,909.64
12/10	Orig CO Name:P1417 - Taiho On Orig ID:1571062326 Desc Date:121020 CO Entry Descr:Cgdp Sec:CCD Trace#:041000121589692 Eed:201210 Ind ID:Cz3W Ind Name:Vitality Health Plan O Cg20031417H1426 877-534-2772 Trn: 3451589692Tc	3,743.94
12/10	Orig CO Name:P1105 Celgene CO Orig ID:1571062326 Desc Date:121020 CO Entry Descr:Cgdp Sec:CCD Trace#:041000121589680 Eed:201210 Ind ID:Dz1W Ind Name:Vitality Health Plan O Cg20031105H1426 877-534-2772 Trn: 3451589680Tc	3,728.55
12/10	Orig CO Name:P1359 - Relypsa, Orig ID:1571062326 Desc Date:121020 CO Entry Descr:Cgdp Sec:CCD Trace#:041000121589698 Eed:201210 Ind ID:Jw4W Ind Name:Vitality Health Plan O Cg20031359H1426 877-534-2772 Trn: 3451589698Tc	108.73
12/10	Orig CO Name:P1134 Par Pharma Orig ID:1571062326 Desc Date:121020 CO Entry Descr:Cgdp Sec:CCD Trace#:041000121589674 Eed:201210 Ind ID:Jr0W Ind Name:Vitality Health Plan O Cg20031134H1426 877-534-2772 Trn: 3451589674Tc	52.68
12/10	Orig CO Name:P1062 Daiichi Sa Orig ID:1571062326 Desc Date:121020 CO Entry Descr:Cgdp Sec:CCD Trace#:041000121589686 Eed:201210 Ind ID:Ls2W Ind Name:Vitality Health Plan O Cg20031062H1426 877-534-2772 Trn: 3451589686Tc	4.20
12/11	Reversal	745.53
12/11	Cash Concentration Transfer Credit From Account [REDACTED] 6223 Trn: 0000820710Xf	16.70
12/11	Orig CO Name:P1125 Boehringer Orig ID:1571062326 Desc Date:121120 CO Entry Descr:Cgdp Sec:CCD Trace#:041000128072464 Eed:201211 Ind ID:Zd7W Ind Name:Vitality Health Plan O Cg20031125H1426 877-534-2772 Trn: 3468072464Tc	24,044.85
12/11	Orig CO Name:P1101 Glaxosmith Orig ID:1571062326 Desc Date:121120 CO Entry Descr:Cgdp Sec:CCD Trace#:041000128072467 Eed:201211 Ind ID:R58W Ind Name:Vitality Health Plan O Cg20031101H1426 877-534-2772 Trn: 3468072467Tc	8,401.07
12/11	Orig CO Name:Wells Fargo Orig ID:1571062326 Desc Date:121120 CO Entry Descr:Cgdp Sec:CCD Trace#:041000128072473 Eed:201211 Ind ID:Dk9W Ind Name:Vitality Health Plan O Cg20031499H1426 877-534-2772 Trn: 3468072473Tc	2,099.47
12/11	Orig CO Name:P1133 Arbor Phar Orig ID:1571062326 Desc Date:121120 CO Entry Descr:Cgdp Sec:CCD Trace#:041000128072470 Eed:201211 Ind ID:8Q8W Ind Name:Vitality Health Plan O Cg20031133H1426 877-534-2772 Trn: 3468072470Tc	551.37
12/14	Cash Concentration Transfer Credit From Account [REDACTED] 6223 Trn: 0000740710Xf	83.40
12/14	Orig CO Name:P1326 Amarin PHA Orig ID:1571062326 Desc Date:121420 CO Entry Descr:Cgdp Sec:CCD Trace#:041000127025675 Eed:201214 Ind ID:P4Cw Ind Name:Vitality Health Plan O Cg20031326H1426 877-534-2772 Trn: 3497025675Tc	3,847.93
12/14	Orig CO Name:P1092 Anip Acqui Orig ID:1571062326 Desc Date:121420 CO Entry Descr:Cgdp Sec:CCD Trace#:041000127025681 Eed:201214 Ind ID:F4Fw Ind Name:Vitality Health Plan O Cg20031092H1426 877-534-2772 Trn: 3497025681Tc	111.72
12/14	Orig CO Name:P1060 Prasco, LI Orig ID:1571062326 Desc Date:121420 CO Entry Descr:Cgdp Sec:CCD Trace#:041000127025678 Eed:201214 Ind ID:2Cdw Ind Name:Vitality Health Plan O Cg20031060H1426 877-534-2772 Trn: 3497025678Tc	91.81



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December 01, 2020 through December 31, 2020

Primary Account: [REDACTED] 3006

DEPOSITS AND ADDITIONS (continued)

DATE	DESCRIPTION	AMOUNT
12/15	Orig CO Name:P1024- Sanofi Av Orig ID:1571062326 Desc Date:121520 CO Entry Descr:Cgdp Sec:CCD Trace#:041000121891356 Eed:201215 Ind ID:3Vgw Ind Name:Vitality Health Plan O Cg20031024H1426 877-534-2772 Trn: 3501891356Tc	16,384.36
12/15	Orig CO Name:P1218 Avanir PHA Orig ID:1571062326 Desc Date:121520 CO Entry Descr:Cgdp Sec:CCD Trace#:041000121891365 Eed:201215 Ind ID:6Mjw Ind Name:Vitality Health Plan O Cg20031218H1426 877-534-2772 Trn: 3501891365Tc	2,426.28
12/15	Orig CO Name:P1143 Eisai Inc. Orig ID:1571062326 Desc Date:121520 CO Entry Descr:Cgdp Sec:CCD Trace#:041000121891362 Eed:201215 Ind ID:Xhgw Ind Name:Vitality Health Plan O Cg20031143H1426 877-534-2772 Trn: 3501891362Tc	346.58
12/15	Orig CO Name:Optinose US, Inc Orig ID:1571062326 Desc Date:121520 CO Entry Descr:Cgdp Sec:CCD Trace#:041000121891371 Eed:201215 Ind ID:Lklw Ind Name:Vitality Health Plan O Cg20031537H1426 877-534-2772 Trn: 3501891371Tc	171.49
12/15	Orig CO Name:P1187 Smith & NE Orig ID:1571062326 Desc Date:121520 CO Entry Descr:Cgdp Sec:CCD Trace#:041000121891368 Eed:201215 Ind ID:Rkkw Ind Name:Vitality Health Plan O Cg20031187H1426 877-534-2772 Trn: 3501891368Tc	169.08
12/15	Orig CO Name:P1251 Sanofi Pas Orig ID:1571062326 Desc Date:121520 CO Entry Descr:Cgdp Sec:CCD Trace#:041000121891359 Eed:201215 Ind ID:Z7Hw Ind Name:Vitality Health Plan O Cg20031251H1426 877-534-2772 Trn: 3501891359Tc	42.44
12/15	Orig CO Name:P1292 Wockhardt Orig ID:1571062326 Desc Date:121520 CO Entry Descr:Cgdp Sec:CCD Trace#:041000121891353 Eed:201215 Ind ID:T5Gw Ind Name:Vitality Health Plan O Cg20031292H1426 877-534-2772 Trn: 3501891353Tc	3.47
12/16	Deposit 1057732813	1,593.75
12/16	Orig CO Name:P1029 Novo Nordi Orig ID:1571062326 Desc Date:121620 CO Entry Descr:Cgdp Sec:CCD Trace#:041000121700112 Eed:201216 Ind ID:Byqw Ind Name:Vitality Health Plan O Cg20031029H1426 877-534-2772 Trn: 3511700112Tc	19,854.48
12/16	Orig CO Name:P1022 Eli Lilly Orig ID:1571062326 Desc Date:121620 CO Entry Descr:Cgdp Sec:CCD Trace#:041000121700106 Eed:201216 Ind ID:94Pw Ind Name:Vitality Health Plan O Cg20031022H1426 877-534-2772 Trn: 3511700106Tc	10,409.15
12/16	Orig CO Name:P1177 Amgen USA Orig ID:1571062326 Desc Date:121620 CO Entry Descr:Cgdp Sec:CCD Trace#:041000121700124 Eed:201216 Ind ID:2Wsw Ind Name:Vitality Health Plan O Cg20031177H1426 877-534-2772 Trn: 3511700124Tc	5,895.73
12/16	Orig CO Name:P1137 Astrazenec Orig ID:1571062326 Desc Date:121620 CO Entry Descr:Cgdp Sec:CCD Trace#:041000121700109 Eed:201216 Ind ID:Ngqw Ind Name:Vitality Health Plan O Cg20031137H1426 877-534-2772 Trn: 3511700109Tc	4,600.40
12/16	Orig CO Name:P1180 Purdue PHA Orig ID:1571062326 Desc Date:121620 CO Entry Descr:Cgdp Sec:CCD Trace#:041000121700115 Eed:201216 Ind ID:Srrw Ind Name:Vitality Health Plan O Cg20031180H1426 877-534-2772 Trn: 3511700115Tc	3,164.34
12/16	Orig CO Name:P1048 Valeant Ph Orig ID:1571062326 Desc Date:121620 CO Entry Descr:Cgdp Sec:CCD Trace#:041000121700103 Eed:201216 Ind ID:3Qnw Ind Name:Vitality Health Plan O Cg20031048H1426 877-534-2772 Trn: 3511700103Tc	594.74
12/16	Orig CO Name:P1269 Apotex Cor Orig ID:1571062326 Desc Date:121620 CO Entry Descr:Cgdp Sec:CCD Trace#:041000121700127 Eed:201216 Ind ID:Grtw Ind Name:Vitality Health Plan O Cg20031269H1426 877-534-2772 Trn: 3511700127Tc	352.17



December 01, 2020 through December 31, 2020

Primary Account: [REDACTED] 3006

DEPOSITS AND ADDITIONS (continued)

DATE	DESCRIPTION	AMOUNT
12/16	Orig CO Name:P1182 Edenbridge Orig ID:1571062326 Desc Date:121620 CO Entry Descr:Cgdp Sec:CCD Trace#:041000121700118 Eed:201216 Ind ID:Nwrw Ind Name:Vitality Health Plan O Cg20031182H1426 877-534-2772 Trn: 3511700118Tc	11.04
12/16	Orig CO Name:P1051 Upsher-Smi Orig ID:1571062326 Desc Date:121620 CO Entry Descr:Cgdp Sec:CCD Trace#:041000121700100 Eed:201216 Ind ID:Kcnw Ind Name:Vitality Health Plan O Cg20031051H1426 877-534-2772 Trn: 3511700100Tc	7.00
12/16	Orig CO Name:P1046 Perrigo CO Orig ID:1571062326 Desc Date:121620 CO Entry Descr:Cgdp Sec:CCD Trace#:041000121700133 Eed:201216 Ind ID:Tsvw Ind Name:Vitality Health Plan O Cg20031046H1426 877-534-2772 Trn: 3511700133Tc	7.00
12/16	Orig CO Name:P1310 Alvogen, I Orig ID:1571062326 Desc Date:121620 CO Entry Descr:Cgdp Sec:CCD Trace#:041000121700121 Eed:201216 Ind ID:09Sw Ind Name:Vitality Health Plan O Cg20031310H1426 877-534-2772 Trn: 3511700121Tc	6.15
12/16	Orig CO Name:P1116 Mylan Spec Orig ID:1571062326 Desc Date:121620 CO Entry Descr:Cgdp Sec:CCD Trace#:041000121700130 Eed:201216 Ind ID:Qjvw Ind Name:Vitality Health Plan O Cg20031116H1426 877-534-2772 Trn: 3511700130Tc	2.09
12/21	Cash Concentration Transfer Credit From Account [REDACTED] 5555 Trn: 0000660710Xf	140,000.00
12/21	Cash Concentration Transfer Credit From Account [REDACTED] 6223 Trn: 0000680710Xf	74.00
12/22	Cash Concentration Transfer Credit From Account [REDACTED] 6223 Trn: 0000860710Xf	18.30
12/23	Cash Concentration Transfer Credit From Account [REDACTED] 6223 Trn: 0000860710Xf	165.50
12/23	Online Transfer From Mma ...2020 Transaction#: 10869813761	93,000.00
12/24	Cash Concentration Transfer Credit From Account [REDACTED] 6223 Trn: 0000780710Xf	18.60
12/28	Deposit 1965683322	1,050.34
12/30	Online Transfer From Mma ...2020 Transaction#: 10906697944	1,796.38
Total Deposits and Additions		\$1,533,397.94

CHECKS PAID

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
300507 ^		12/22	\$12,250.00
300551 * ^		12/08	59.00
300722 * ^		12/02	18,000.00
300756 * ^		12/08	17.40
300758 * ^		12/08	55.20
300773 * ^		12/15	3.20
300774 ^		12/29	86.10
300775 ^		12/17	3.90
300776 ^		12/07	192.11
300777 ^		12/04	12,000.00
300778 ^		12/22	13,778.00
300779 ^		12/07	337.56
300780 ^		12/28	4,621.50
300781 ^		12/08	2,525.00
300782 ^		12/08	17,089.58
300783 ^		12/18	95.00
300784 ^		12/07	3,990.00
300785 ^		12/09	2,731.25



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December 01, 2020 through December 31, 2020

Primary Account: [REDACTED] 3006

CHECKS PAID (continued)

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
300786 ^		12/07	1,575.00
300787 ^		12/07	5,000.00
300788 ^		12/08	1,000.00
300789 ^		12/09	291.50
300791 * ^		12/14	18,801.03
300792 ^		12/14	47,487.75
300793 ^		12/03	1,800.00
300794 ^		12/03	15,000.00
300795 ^		12/11	4,350.00
300796 ^		12/10	7,200.51
300797 ^		12/11	4,885.39
300798 ^		12/09	3,400.00
300799 ^		12/10	39.00
300800 ^		12/11	2,138.52
300801 ^		12/11	5,250.00
300802 ^		12/14	115.81
300804 * ^		12/16	2,731.25
300805 ^		12/16	625.00
300806 ^		12/18	2,163.69
300807 ^		12/16	1,639.21
300808 ^		12/16	1,950.00
300809 ^		12/15	1,575.00
300810 ^		12/29	2,680.46
300811 ^		12/15	30,000.00
300812 ^		12/15	10,000.00
300813 ^		12/15	15,000.00
300814 ^		12/22	13,486.00
300815 ^		12/18	2,666.03
300816 ^		12/14	23.63
300817 ^		12/21	14,748.09
300818 ^		12/22	337.50
300819 ^		12/16	15,000.00
300820 ^		12/15	1,850.00
300821 ^		12/23	2,570.50
300822 ^		12/23	2,767.00
300823 ^		12/23	3,000.00
300824 ^		12/22	5,944.45



December 01, 2020 through December 31, 2020

Primary Account: [REDACTED] 3006

CHECKS PAID (continued)

CHECK NO.	DESCRIPTION	DATE PAID	AMOUNT
300825 ^		12/22	1,000.00
300826 ^		12/21	12,000.00
300827 ^		12/24	2,832.19
300828 ^		12/23	1,639.21
300829 ^		12/23	28,652.00
300831 * ^		12/28	7,175.00
Total Checks Paid			\$390,225.52

If you see a description in the Checks Paid section, it means that we received only electronic information about the check, not the original or an image of the check. As a result, we're not able to return the check to you or show you an image.

* All of your recent checks may not be on this statement, either because they haven't cleared yet or they were listed on one of your previous statements.

^ An image of this check may be available for you to view on Chase.com.

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
12/02	12/02 Domestic Wire Transfer A/C: Seoul Medical Group Inc. Long Beach CA 90815-1275 US Ref: November CAP Trn: 3693480336Es	\$17,732.47
12/02	12/02 Payment To Chase Card Ending IN 1098	12,779.54
12/03	Orig CO Name: Vitality Oprting Orig ID: 9853006001 Desc Date: Prfund CO Entry Descr: Corp Pay Sec: CCD Trace#: 021000021212912 Eed: 201203 Ind ID: 9853006001 Ind Name: EFT File Name: Rp33827 EFT/ACH Created Offset For Origin#: 9090209001 CO Eff Date: 20/12/03 201203 Rp33827K Trn: 3381212912Tc	645,043.11
12/08	12/08 Domestic Wire Transfer A/C: Litvak Law Group, P.C. Newport Coast CA 92657-1115 US Trn: 3540230342Es	29,746.00
12/10	Orig CO Name: United Healthcar Orig ID: 1411289245 Desc Date: CO Entry Descr: EDI Paymtssec: CTX Trace#: 043000262530834 Eed: 201210 Ind ID: 143380082459 Ind Name: 0007Vitality Health Trn: 3452530834Tc	6,359.84
12/10	Orig CO Name: Vitality Health Orig ID: 1571062326 Desc Date: 121020 CO Entry Descr: Cgdp Sec: CCD Trace#: 041000122530832 Eed: 201210 Ind ID: PI5W Ind Name: H1426 Vitality Health 972-428-1100 Trn: 3452530832Tc	745.53
12/11	12/11 Online Domestic Wire Transfer Via: Fst Rep Bk Sf/321081669 A/C: Winthrop Golubow Hollander Llp Newport Beach CA 92660 US Ref: Vitality Retainer Imad: 1211B1Qgc03C011969 Trn: 3368420346Es	25,000.00
12/11	Orig CO Name: Unitedhealthcare Orig ID: 4945062115 Desc Date: 201210 CO Entry Descr: Premium Sec: CCD Trace#: 091000019213171 Eed: 201211 Ind ID: 253402 Ind Name: Vitality Health Plan 30629 Trn: 3469213171Tc	17,866.77
12/14	Orig CO Name: Vitality Oprting Orig ID: 9853006001 Desc Date: Prfund CO Entry Descr: Corp Pay Sec: CCD Trace#: 021000020990814 Eed: 201214 Ind ID: 9853006001 Ind Name: EFT File Name: Rp34907 EFT/ACH Created Offset For Origin#: 9090209001 CO Eff Date: 20/12/14 201214 Rp34907G Trn: 3490990814Tc	7,532.00
12/18	12/18 Online Domestic Wire Transfer Via: Fst Rep Bk Sf/321081669 A/C: Winthrop Golubow Hollander Llp Newport Beach CA 92660 US Ref: Vitality Payment Imad: 1218B1Qgc04C011675 Trn: 3395070353Es	25,000.00
12/21	12/21 Online Transfer To Mma ...2020 Transaction#: 10853945391	140,000.00
12/22	12/22 Online Domestic Wire Transfer Via: Comerica Sco Vly/121137522 A/C: Premier Care of Northern Californiaencino CA 91436 US Ref: December Capitation From Vitality Imad: 1222B1Qgc03C014625 Trn: 3467710357Es	9,401.06





December 01, 2020 through December 31, 2020

Primary Account: [REDACTED] 3006

ELECTRONIC WITHDRAWALS (continued)

DATE	DESCRIPTION	AMOUNT
12/29	12/29 Online Domestic Wire Transfer Via: US Bk CA Aub/121122676 A/C: Medimpact Healthcare Systems San Diego CA 92121 US Ref: Dec 19, 20, 21 Fees Imad: 1229B1Qgc04C002427 Trn: 3030600364Es	19,115.66
12/30	12/30 Online Transfer To Chk ...6223 Transaction#: 10906715705	100.00
12/30	12/30 Online Transfer To Chk ...5555 Transaction#: 10906718266	100.00
Total Electronic Withdrawals		\$956,521.98

OTHER WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
12/07	Cash Concentration Transfer Debit To Account [REDACTED] 8393 Trn: 0005170710Xi	\$2,639.59
12/09	Cash Concentration Transfer Debit To Account [REDACTED] 8393 Trn: 0004630710Xi	2,506.04
12/10	Cash Concentration Transfer Debit To Account [REDACTED] 5555 Trn: 0000930710Xi	128,459.93
12/15	Cash Concentration Transfer Debit To Account [REDACTED] 6223 Trn: 0000770710Xi	400.69
12/15	Cash Concentration Transfer Debit To Account [REDACTED] 8393 Trn: 0005170710Xi	378.61
12/15	Cash Concentration Transfer Debit To Account [REDACTED] 5555 Trn: 0000750710Xi	255.80
12/23	Cash Concentration Transfer Debit To Account [REDACTED] 5555 Trn: 0000830710Xi	108,894.81
Total Other Withdrawals		\$243,535.47

FEES

DATE	DESCRIPTION	AMOUNT
12/15	Account Analysis Settlement Charge	\$812.05
Total Fees		\$812.05

Your service charges, fees and earnings credit have been calculated through account analysis.

DAILY ENDING BALANCE

DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
12/01	\$1,196,978.00	12/10	340,854.61	12/21	174,615.78
12/02	1,151,608.80	12/11	317,222.92	12/22	118,437.07
12/03	492,596.17	12/14	247,397.56	12/23	64,079.05
12/04	480,632.67	12/15	206,665.91	12/24	61,265.46
12/07	467,952.82	12/16	231,218.49	12/28	50,519.30
12/08	429,506.99	12/17	231,214.59	12/29	28,637.08
12/09	420,592.66	12/18	201,289.87	12/30	30,233.46



December 01, 2020 through December 31, 2020

Primary Account: [REDACTED] 3006

CHASE ANALYSIS BUSINESS CHECKING

VITALITY HEALTH PLAN OF CALIFORNIA, INC.

Account Number: [REDACTED] 5555

CHECKING SUMMARY

	INSTANCES	AMOUNT
Beginning Balance		\$0.00
Deposits and Additions	5	377,710.54
Electronic Withdrawals	2	-237,354.74
Other Withdrawals	1	-140,000.00
Fees	1	-255.80
Ending Balance	9	\$100.00

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
12/10	Cash Concentration Transfer Credit From Account [REDACTED] 3006 Trn: 0000940710Xf	\$128,459.93
12/15	Cash Concentration Transfer Credit From Account [REDACTED] 3006 Trn: 0000760710Xf	255.80
12/21	Online Transfer From Mma ...2020 Transaction#: 10858547939	140,000.00
12/23	Cash Concentration Transfer Credit From Account [REDACTED] 3006 Trn: 0000840710Xf	108,894.81
12/30	Online Transfer From Chk ...3006 Transaction#: 10906718266	100.00
Total Deposits and Additions		\$377,710.54

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
12/10	Orig CO Name:Employers Res Orig ID:3330688056 Desc Date:201210 CO Entry Descr:Zu2-Payrolsec:CCD Trace#:091000012530843 Eed:201210 Ind ID:Zu2-Payrol Ind Name:0001660Zu2 Vitality He Zu2 Vitality Health Trn: 3452530843Tc	\$128,459.93
12/23	Orig CO Name:Employers Res Orig ID:3330688056 Desc Date:201223 CO Entry Descr:Zu2-Payrolsec:CCD Trace#:091000015774781 Eed:201223 Ind ID:Zu2-Payrol Ind Name:0001994Zu2 Vitality He Zu2 Vitality Health Trn: 3585774781Tc	108,894.81
Total Electronic Withdrawals		\$237,354.74

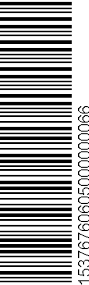
OTHER WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
12/21	Cash Concentration Transfer Debit To Account [REDACTED] 3006 Trn: 0000650710Xf	\$140,000.00
Total Other Withdrawals		\$140,000.00

FEES

DATE	DESCRIPTION	AMOUNT
12/15	Account Analysis Settlement Charge	\$255.80
Total Fees		\$255.80

Your service charges, fees and earnings credit have been calculated through account analysis.





December 01, 2020 through December 31, 2020

Primary Account: [REDACTED] 3006

DAILY ENDING BALANCE

DATE	AMOUNT
12/10	\$0.00
12/15	0.00
12/21	0.00
12/23	0.00
12/30	100.00

CHASE ANALYSIS BUSINESS CHECKING

VITALITY HEALTH PLAN OF CALIFORNIA, INC.

Account Number: [REDACTED] 6223

CHECKING SUMMARY

	INSTANCES	AMOUNT
Beginning Balance		\$0.00
Deposits and Additions	19	1,233,612.35
Electronic Withdrawals	2	-146,360.93
Other Withdrawals	12	-1,085,992.23
Fees	1	-424.69
Ending Balance	34	\$834.50

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
12/01	Orig CO Name:Cmsa Treas 310 Orig ID:9101036151 Desc Date:120120 CO Entry Descr: Misc Paysec:CCD Trace#:101036152229383 Eed:201201 Ind ID:1814822508A1750 Ind Name:Vitality Health Plan O Rmr*IV*Appsh14262000031200*AI*12315 36.76*1231536.76*0\ Trn: 3352229383Tc	\$1,231,536.76
12/02	Lockbox No: 101829 For 6 Items At 16:00 5 Trn: 2400082337Lb	172.60
12/03	Lockbox No: 101829 For 3 Items At 16:00 5 Trn: 2400234338Lb	58.20
12/04	Lockbox No: 101829 For 3 Items At 16:00 5 Trn: 2400301339Lb	36.50
12/07	Lockbox No: 101829 For 8 Items At 16:00 5 Trn: 2400311342Lb	151.00
12/08	Lockbox No: 101829 For 2 Items At 16:00 5 Trn: 2400010343Lb	21.60
12/11	Lockbox No: 101829 For 1 Items At 16:00 5 Trn: 2400321346Lb	16.70
12/14	Lockbox No: 101829 For 4 Items At 16:00 5 Trn: 2400097349Lb	83.40
12/15	Cash Concentration Transfer Credit From Account [REDACTED] 3006 Trn: 0000780710Xf	400.69
12/15	Lockbox No: 101829 For 1 Items At 16:00 5 Trn: 2400118350Lb	24.00
12/21	Lockbox No: 101829 For 3 Items At 16:00 5 Trn: 2400232356Lb	74.00
12/22	Lockbox No: 101829 For 1 Items At 16:00 5 Trn: 2400255357Lb	18.30
12/23	Lockbox No: 101829 For 10 Items At 16:00 5 Trn: 2400039358Lb	165.50
12/24	Lockbox No: 101829 For 2 Items At 16:00 5 Trn: 2400160359Lb	18.60
12/28	Lockbox No: 101829 For 18 Items At 16:00 5 Trn: 2400318363Lb	472.80
12/29	Lockbox No: 101829 For 4 Items At 16:00 5 Trn: 2400057364Lb	129.50
12/30	Lockbox No: 101829 For 1 Items At 16:00 5 Trn: 2400210365Lb	17.00
12/30	Online Transfer From Chk ...3006 Transaction#: 10906715705	100.00
12/31	Lockbox No: 101829 For 6 Items At 16:00 5 Trn: 2400256366Lb	115.20

Total Deposits and Additions **\$1,233,612.35**



December 01, 2020 through December 31, 2020

Primary Account: [REDACTED] 3006

ELECTRONIC WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
12/01	12/01 Domestic Wire Transfer Via: Comerica Sco Vly/121137522 A/C: Individual Practice Association Medref: November CAP Imad: 1201B1Qgc01C012730 Trn: 3638700336Es	\$46,472.01
12/01	12/01 Domestic Wire Transfer A/C: Physician Partners Ipa, Inc. Garden Grove CA 92840-5834 US Trn: 3640580336Es	99,888.92
Total Electronic Withdrawals		\$146,360.93

OTHER WITHDRAWALS

DATE	DESCRIPTION	AMOUNT
12/01	Cash Concentration Transfer Debit To Account [REDACTED] 3006 Trn: 0000650710Xf	\$1,085,175.83
12/02	Cash Concentration Transfer Debit To Account [REDACTED] 3006 Trn: 0000790710Xf	172.60
12/03	Cash Concentration Transfer Debit To Account [REDACTED] 3006 Trn: 0000890710Xf	58.20
12/04	Cash Concentration Transfer Debit To Account [REDACTED] 3006 Trn: 0000770710Xf	36.50
12/07	Cash Concentration Transfer Debit To Account [REDACTED] 3006 Trn: 0000670710Xf	151.00
12/08	Cash Concentration Transfer Debit To Account [REDACTED] 3006 Trn: 0000770710Xf	21.60
12/11	Cash Concentration Transfer Debit To Account [REDACTED] 3006 Trn: 0000810710Xf	16.70
12/14	Cash Concentration Transfer Debit To Account [REDACTED] 3006 Trn: 0000730710Xf	83.40
12/21	Cash Concentration Transfer Debit To Account [REDACTED] 3006 Trn: 0000670710Xf	74.00
12/22	Cash Concentration Transfer Debit To Account [REDACTED] 3006 Trn: 0000850710Xf	18.30
12/23	Cash Concentration Transfer Debit To Account [REDACTED] 3006 Trn: 0000850710Xf	165.50
12/24	Cash Concentration Transfer Debit To Account [REDACTED] 3006 Trn: 0000770710Xf	18.60
Total Other Withdrawals		\$1,085,992.23

FEES

DATE	DESCRIPTION	AMOUNT
12/15	Account Analysis Settlement Charge	\$424.69
Total Fees		\$424.69

Your service charges, fees and earnings credit have been calculated through account analysis.

DAILY ENDING BALANCE

DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
12/01	\$0.00	12/11	0.00	12/24	0.00
12/02	0.00	12/14	0.00	12/28	472.80
12/03	0.00	12/15	0.00	12/29	602.30
12/04	0.00	12/21	0.00	12/30	719.30
12/07	0.00	12/22	0.00	12/31	834.50
12/08	0.00	12/23	0.00		





December 01, 2020 through December 31, 2020

Primary Account: [REDACTED] 8006

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS: Call us at 1-866-564-2262 or write us at the address on the front of this statement (non-personal accounts contact Customer Service) immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS: Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account. Deposit products and services are offered by JPMorgan Chase Bank, N.A. Member FDIC



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